$\omega$  and mail this form, together with applicable lees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

IG INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used th 4 should be completed where appropriate. All further correspondence including the Issue Fee ceipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current tor any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Certificate of Mailing CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)
HN42/0217 I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box Issue Fee address above on the data indicated believed. FRISHAUF HOLTZ GOODMAN LANGER & CL the date indicated below. 767 THIRD AVENUE RECEIVED 25TH FLOOR Publishing Division NEW YORK NY 10017 FRANCINE E. SMITH MAY 1 1 1998 MAY 6, 1998 (Date) FILING DATE EXAMINER AND GROUP ART UNIT TOTAL CLAIMS DATE MAILED 17798 CHU  $T \cap B \setminus I$ First Named Applicant COMPOS <del>CONDYLONA-ACUMTRA</del> TITLE OF INVENTION PAYOR NO. 001933 ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 514-455.nn NU 320.00 18798 Chango of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Use of PTO form(s) and Customer Number are recommended, but not required. 2. For printing on the patent front page, list FRISHAUF, HOLTZ, GOODMAN, (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2)  $\square$  Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents, if no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): ASSIGNCE MAINE AND HESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent.
Inclusion of assignee data is only appropriate when an assignment has been previously submitted to
the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for
filing an assignment.

(1) Cappear Institute (1) The Printer (1) Hospital) X Issue Fee filing an assignment.

(1) Cancer Institute (Hospital),

(A) NAME OF ASSIGNEE Chinese Adademy of Medical Sciences;

(2) Mitsui Norin Co., Ltd.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) (1) Beijing, People's

Republic of China; (2) Tokyo, Japan

Please check the appropriate assignee category indicated below (will not be printed on the patent) Advance Order - # of Copies. 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 06-13 (ENCLOSE AN EXTRA COPY OF THIS FORM) 06-1378 Issue Fee 🛛 corporation or other private group entity 🔻 government ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS TO equested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) RICHARD S. BARTH-Reg. No. 28,180 5/6/98 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. 05/13/1998 RJDHNSON 00000026 08835920 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark 01 FC:142 1320.00 DP Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE

TOL-85B (REV.10-96) Approved for use through 06/30/99. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE